

Report on the Health Status of Older Adults

Navajo County, Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases often occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Navajo County.

Population Characteristics

Table 1 presents information about the characteristics of older adults living in Navajo County, as compared to Arizona and the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 10% of the total population in Navajo County is over the age of 65, compared to 13.0% for the state and 12.4% for the United States. For all regions, the proportion of females is higher than males within the 65 and older age group.

TABLE 1: POPULATION ESTIMATES * FOR 2001

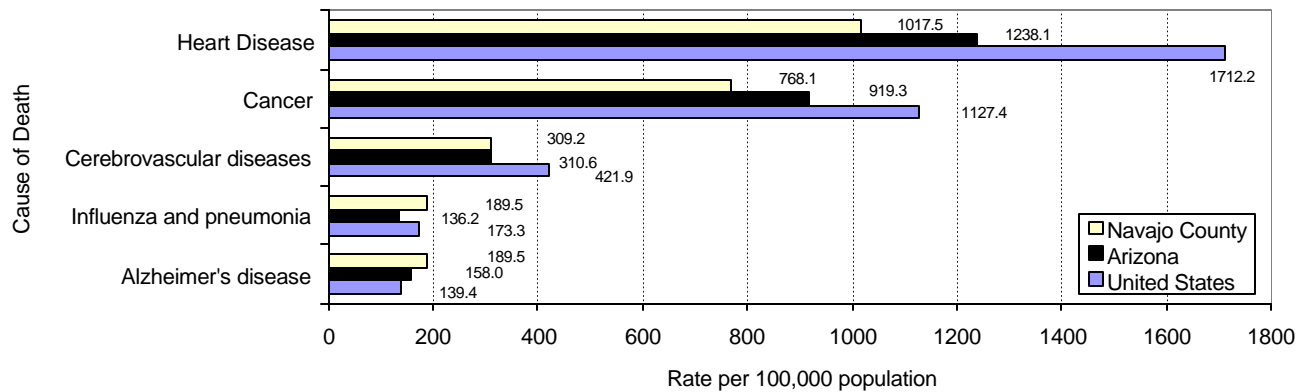
	Navajo County	Arizona	United States
Total Population	100,135	5,307,331	284,796,887
Age 65+ Population	10,025 (10.0%)	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+			
Male	4,662 (46.5%)	306,535 (44.4%)	14,582,434 (41.2%)
Female	5,363 (53.5%)	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+			
Caucasian, non-Hispanic	6,213 (62.0%)	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	536 (5.3%)	57,413 (8.3%)	1,754,381 (5.0%)
African American	100 (1.0%)	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	3,095 (30.9%)	14,360 (2.1%)	140,099 (0.4%)
Asian	23 (0.2%)	6,454 (1.0%)	810,399 (2.3%)
Other	60 (0.6%)	3,506 (0.5%)	254,130 (0.7%)

*Estimates calculated based on the 2000 U.S. Census

Mortality and Hospitalizations

The five leading causes of death among adults age 65 and older in Navajo County for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001, U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. Heart disease and cancer were the leading causes of death among older adults in 2001. Navajo County reported a lower mortality rate than Arizona and the nation for all 5 categories, with the exceptions of deaths due to influenza/pneumonia and Alzheimer's disease. Navajo County reported 39% higher death rate than Arizona due to influenza and pneumonia, and 20% higher death rate due to Alzheimer's disease for the year 2001. A review of mortality trends for 1996-2000 indicates that Navajo County consistently exceeds the Arizona mortality rate due to influenza and pneumonia, averaging 33% higher rate annually. County death rates due to Alzheimer's disease were lower than Arizona for the years 1996-2000, excluding 1998 when the death rate in Navajo County was slightly higher than the state (8% higher).

FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000



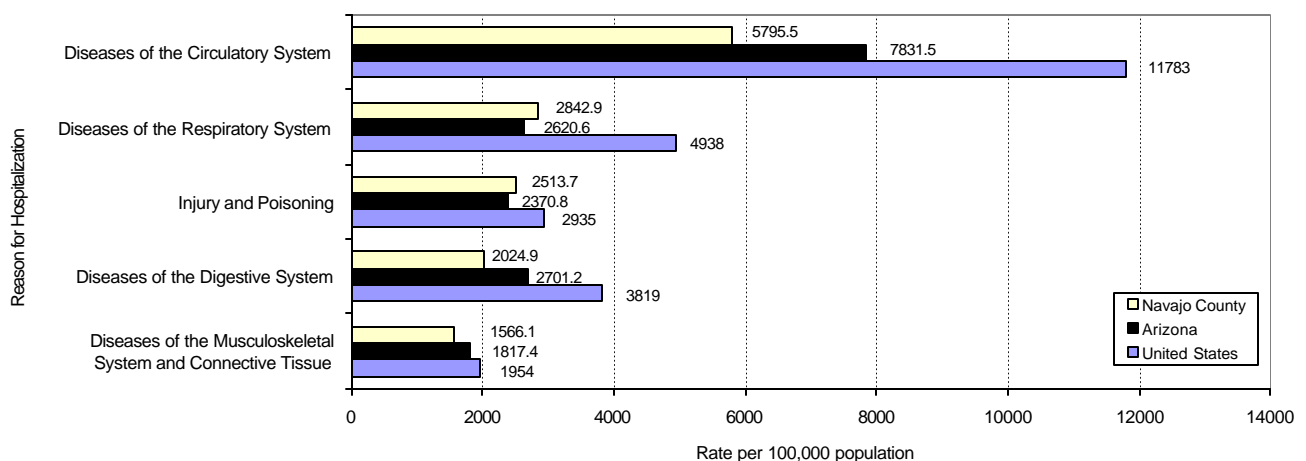
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Navajo County, Arizona, and the United States, based on primary ICD9 diagnosis codes. While county and state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001, U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

For all categories, the national hospitalization rate in 2000 was higher than the 2001 rates reported for both Navajo County and Arizona. Navajo County reported lower hospitalization rate than Arizona for all categories, with the exception of slightly higher rates due to diseases of the respiratory system and injury and poisoning. In considering diseases of the circulatory, respiratory, digestive, and musculoskeletal/connective tissue systems individually, the leading medical condition within each category resulting in hospitalization for older adults countywide was heart disease, pneumonia, gallstones, and arthritis, respectively. Hip fractures were the most frequently diagnosed medical condition within the injury and poisoning category, and falls were reported as the main cause of injury. The average length of stay in the hospital among older adults in Navajo County was 4.8 days, compared to 4.7 days for Arizona and 6.0 days nationally (year 2000 data). The average hospitalization cost for Navajo County seniors in 2001 was \$17,608, compared to \$21,289 for the state; national figures are not available. Cumulative data indicates that Navajo County seniors incurred total hospitalization costs equaling \$37,944,704 for the year 2001.

Risk Factors

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the county is not representative of the county population as a whole, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population.

TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+

	Navajo County	Arizona	United States
Number of respondents, ages 65+	30	624	34087
Gender			
Male	12 (40.0%)	245 (39.3%)	11913 (34.9%)
Female	18 (60.0%)	379 (60.7%)	22174 (65.1%)
Race/Ethnicity			
Caucasian, non-Hispanic	28 (93.3%)	566 (90.7%)	28915 (84.8%)
Hispanic	1 (3.3%)	45 (7.2%)	1977 (5.8%)
Black	0	5 (0.8%)	1764 (5.2%)
American Indian	1 (3.3%)	5 (0.8%)	332 (1.0%)
Other	0	3 (0.5%)	1099 (3.2%)
Mean Age (Years)	72.7	73.8	74.0

Of the 30 older adults surveyed in Navajo County, 46.7% described their general health status as very good or excellent, compared to 41.3% for the state and 35.4% for the United States. Two surveyed adults (6.7%) in the county described their general health as poor, a slightly lower rate than those reported for the state and the United States, 8.8% and 9.6% respectively.

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, 46.7% of the surveyed older

adults in Navajo County are classified as overweight or obese by national health standards, yet only 20.0% of respondents reported current attempts at losing weight. Over half of the respondents in Navajo County (53.3%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 26.7% reported being physically inactive. The remaining 73.3% of respondents reported participating in a physical activity, although only 53.3% of survey respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is higher than the state and national reported figures of 35.9% and 37.3%, respectively. The most popular activities among older adults, as reported in the statewide 2000 BRFSS, are walking,

gardening, golf, aerobics, and bicycling. Also in 2000, 6.7% of surveyed adults in Navajo County reported that they are current daily smokers, a slightly lower rate than reported for the state and the nation, 7.4% and 7.9%, respectively. One of the two daily smokers (50.0%) reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year. This is higher than the state and national rates of 41.3% and 40.9%, respectively, although the small sample size must be considered in evaluating this observation.

**TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER;
BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**

	Navajo County	Arizona	United States
Weight Group ¹			
Normal weight	43.3%	46.8%	42.5%
Overweight	46.7%	35.1%	36.7%
Obese	0.0%	17.0%	16.8%
Unknown	10.0%	1.1%	4.0%
Daily Servings of Fruits and Vegetables			
Less than once a day or never	0.0%	1.4%	3.3%
1 to less than 3 times per day	23.3%	16.8%	21.9%
3 to less than 5 times per day	30.0%	38.8%	43.3%
5 or more times per day	46.7%	42.9%	31.5%
Activity level/exercise ²			
Physically inactive	26.7%	37.5%	37.0%
Less than recommended activity	20.0%	26.6%	25.7%
Meets recommended activity level	53.3%	35.9%	37.3%
Smoking status			
Current smoker, smoke everyday	6.7%	7.4%	7.9%
Current smoker, smoke some days	13.3%	1.9%	2.1%
Former smoker	43.3%	41.3%	37.4%
Never smoked	36.7%	48.7%	52.1%
Don't know/refused question	0.0%	0.6%	0.5%

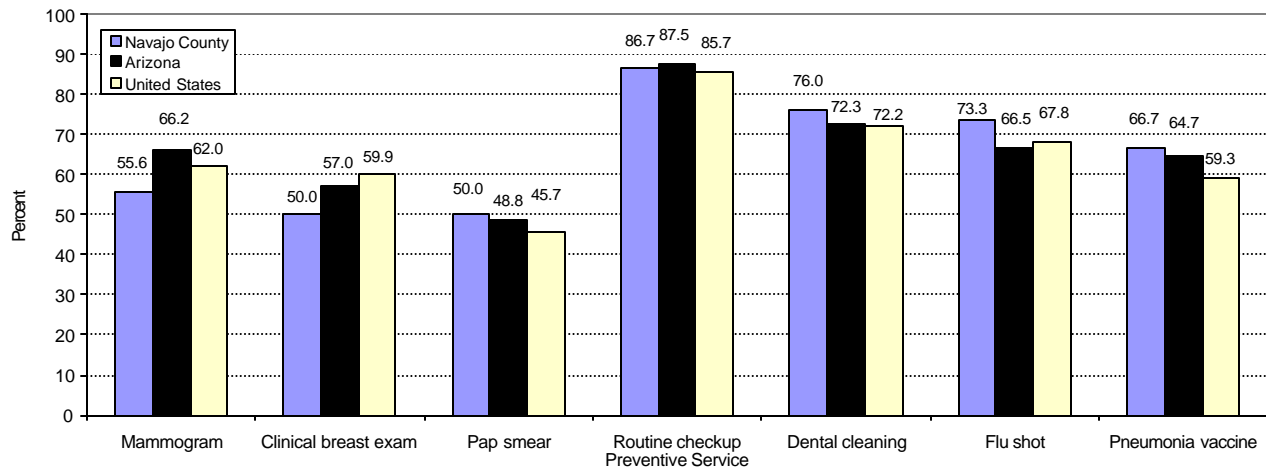
¹Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

²Recommended activity is exercise 3 or more days per week for 20 minutes or more

Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percentage for pneumococcal vaccine is reported for individuals receiving the vaccine at any point in their life.

FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



Among all survey respondents, “obtaining a yearly medical checkup” was the highest reported use of a preventive service, with a rate of almost 87% among Navajo County respondents, compared to 87.5% and 85.7% for Arizona and the United States, respectively. Yearly dental cleaning was also highly reported among all respondents, a rate of approximately 72% for state and national survey participants, compared to 76% of county respondents. Although Navajo County reported a higher mortality rate than Arizona and the United States due to influenza and pneumonia in 2001, according to 2000 BRFSS data, Navajo County exceeded both the state and national rate for obtaining a pneumococcal vaccine, with 66.7% of county respondents reporting ever having the vaccine, as compared to 64.7% for the state and 59.3% for the United States. Even more respondents in Navajo County (73.3%) reported having a flu shot in the past year, compared to the 66.5% of state respondents and 67.8% for the nation.

In the category of women’s health, female respondents in Navajo County reported less use of preventive services related to breast health than state and national respondents. Although breast cancer is the fifth leading cause of cancer mortalities among Arizona adults age 65 and older, just over half of the 30 female county respondents (55.6%) reported having a mammogram in the past year, and only 50.0% reported having a yearly breast exam performed by a health professional. Yearly Pap smears were obtained by approximately 50% of all county, state, and national female respondents.

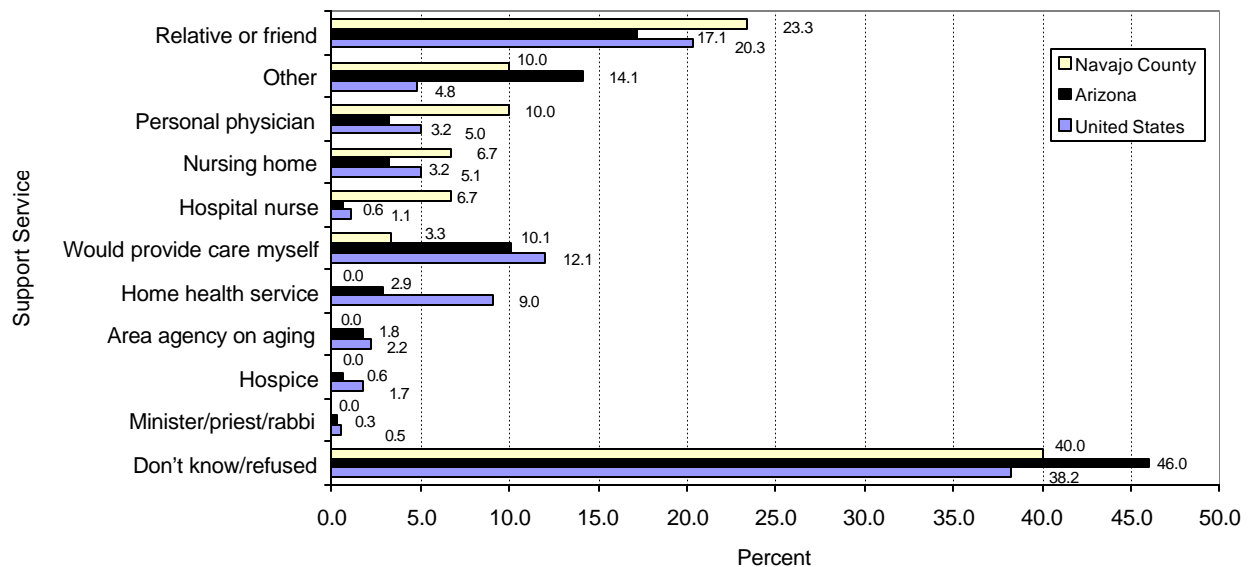
Mental Health and Support Services

According to BRFSS 2000 data, older respondents in Navajo County reported an average of 0.5 days during the past month when their mental health was “not good”, in comparison to 1.7 days reported for Arizona and 2.1 days reported nationally. When questioned about more specific indicators of mental health status, for example feeling depressed, anxious, or not well-rested, 30.0% of older respondents in Navajo County reported having at least 14 days of poor emotional health within the past month, compared to 23.7% of state and 22.3% of national respondents. While BRFSS data are by no means a clinical diagnosis of mental condition, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs excluding treatment provided by private agencies or personal physicians it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, 40% of county respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, less than 25% of the older respondents in Navajo County thought of these services as a resource for needed care.

FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



BRFSS 2000: “Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?”

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). Eight individuals responded to these questions in Navajo County. Of those, all 8 respondents indicated that they did not need help with personal care needs. One individual reported that he/she needed assistance with routine tasks, and a relative who was not in the immediate family (i.e. not a spouse, parent, or child) provided the necessary assistance. Public services were not cited by any county respondent, although the small sample size must be considered in evaluating this observation. Statewide and nationally, public services were more frequently mentioned responses. In both regions, use of a paid employee or home health agency was the most often cited public service utilized for both personal care and routine needs.

Healthy Aging 2010

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Navajo County. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

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